

## **Elevator Contractor Licensing Information**

### **License**

All elevator contractors engaged in the business of installing, constructing, repairing, altering, or maintaining elevators must be licensed by the Elevator Safety Board of the Michigan Department of Labor & Economic Growth.

There are three classification types of elevator contractor licenses:

- Class A – Unlimited
- Class B – Maintenance and repair
- Class C – Special types of elevators

### **Duration of License**

Initial licenses are valid until the following December 31. Licenses must be renewed annually.

### **Examination**

All applications must be approved by the Elevator Safety Board and applicants must then pass a written examination of multiple-choice questions. A score of at least 70% is required to pass. The exam is given at the regularly scheduled elevator safety board meetings.

Applicants may prepare for the exam by studying the ASME A17.1-2000, Safety Code for Elevators and Escalators; ASME A18.1-1999 and ASME A18.1a-2001 addenda, Safety Standard for Platform Lifts and Stairway Chairlifts; the Michigan Elevator Laws and Rules; 1967 PA 227; 1976 PA 333; the current Michigan Electrical Code, NFPA 70; ASME A90.1-1997, A90.1a-1999, A90.1b-2001 addenda, Safety Standards for Belt Manlifts; and the ANSI A10.4-1990, Safety Requirements for Personnel Hoists.

### **Requirements & Regulations**

Applicants for licensure must:

1. Have at least 5 years of experience as an elevator constructor or journey person in the type of elevator work for which they desire the license.
2. Provide 2 written references.
3. Pass the written examination.
4. Comply with the rules and regulations of the Elevator Safety Board.

### **Reciprocity**

None.

### **Licensing Authority**

Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Elevator Safety Division  
Elevator Safety Board  
PO Box 30254  
Lansing, MI 48909

### **Fees**

Examination fee: \$45.00  
Initial license fee: \$75.00  
Renewal license fee: \$75.00

### **Governing Michigan Statute(s)**

1967 PA 227

### **Internet Address**

[www.michigan.gov/bccfs](http://www.michigan.gov/bccfs)

**APPLICATION FOR ELEVATOR CONTRACTOR LICENSE EXAMINATION****183**

Michigan Department of Consumer & Industry Services  
Bureau of Construction Codes  
Elevator Safety Division  
P.O. Box 30255  
Lansing, MI 48909  
(517) 241-9337

**APPLICATION FEE: \$45.00**

AUTHORITY:	PA 227 OF 1967, AS AMENDED	THE DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
COMPLETION:	MANDATORY AS REQUIRED BY SECTION 12	
PENALTY:	EXAMINATION WILL NOT BE GIVEN	

**INSTRUCTIONS:**

- Complete and sign this application. **Please type or print in ink.**
- The applicant shall be familiar with the applicable law, rules, and regulations for elevators.
- The applicant shall be in a position to submit sufficient information relative to his experience, integrity, and responsibility.
- Enclose a check or money order payable to the **STATE OF MICHIGAN**.
- Mail completed application and fee to above address.

**APPLICANT INFORMATION**

CLASS		
<b>A</b> <b>B</b> <b>C - Device Type</b> _____		
NAME		
ADDRESS		HOME TELEPHONE NUMBER (       )
CITY	STATE	ZIP CODE

**COMPANY REPRESENTING**

COMPANY NAME		
ADDRESS		BUSINESS TELEPHONE NUMBER (       )
CITY	STATE	ZIP CODE

**REFERENCES**

Enter below the names and address of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor or journey person or equivalent.					
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitely your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service, and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
YOUR JOB TITLE		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES				
TYPE OF EQUIPMENT WORKED ON				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
YOUR JOB TITLE		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES				
TYPE OF EQUIPMENT WORKED ON				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
YOUR JOB TITLE		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES				
TYPE OF EQUIPMENT WORKED ON				

**If you have a disability and may require some accommodation in taking this examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available through this office.**

**CERTIFICATION AND SIGNATURE**

I certify that all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules, and regulations adopted by the Elevator Safety Board.

I also certify that I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Consumer and Industry Services, Bureau of Construction Codes.

SIGNATURE OF APPLICANT

DATE